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CO-OPERATION IN HOSPITAL PLANNING.

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In this practical age the ultimate test of every proposition is, not so much what does it cost; is it the newest thing; or what do the critics think of it; but how does it work; is it practical; does it stand for the essentials of efficiency and economy of service?

And this is the working test to which our modern hospital planning and construction must be submitted. The architects are giving us smooth interiors and artistic exteriors. Many of them are becoming indeed expert on the subject of rounded corners and angles, flush surfaces and a general absence of projections, and yet we feel that these institutions are not yet all that might be desired.

That "the hospital is for the patient" has become an axiom beyond dispute. But no hospital is successfully constructed for the benefit of the patient unless also constructed for the comfort and convenience of the entire working personnel. No patient is receiving fair play from a hospital which has faulty working machinery; where jars, breakdowns and confusion are liable daily.

In view of this, the question is pertinent—are our hospitals practical from a working standpoint?

Who is to answer this—the architects, trustees and doctors, or the superintendents, and working staffs?

The architect may be an excellent judge of the durability of the latest flooring, and competent to pass upon all the technical details of hospital construction and finish, but can we expect him to know the details of hospital management sufficiently to cope with its peculiar and practical needs?

The Trustees or Boards of Managers may be able to see that a hospital is clean and quiet, and be able to recognize, in practice, smoothly running hospital machinery, or its opposite—but can they, from their casual visits to the hospital, be in a position to locate an inconvenience of arrangement which may be the occasion of daily confusion?

The doctors, through visits to their patients, may know whether

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orders are being carried out or not; whether patients are improving; or whether they are satisfied with their surroundings and treatment. But of their patients are uncomplaining, can they know that a lack of improvement may be due to sleepless nights caused by noisy, banging doors; crying babies who should always be in sound-proof rooms; the too near proximity of utility rooms, bath-rooms or diet kitchens? Can they know that their patients are getting cold meals because a diet kitchen is not adapted or planned for efficient service; that a complaint of lack of attention may not be because there are not enough attendants, but because very often hospital planning necessitates an unwarranted expenditure of time and effort in the way of service?

These persons, doctors, trustees and architects, are obviously not in a position to fully appreciate all the working needs of a hospital for the simple reason that, usually, they have never worked in one. Yet they are the persons upon whom we must depend for the planning of our hospitals. Where there has been co-operation good results are generally noticeable, but very seldom is a Superintendent seriously consulted in matters concerning which often he or she alone knows. Yet this same Superintendent will be expected to find a way out of the difficulty after the error is committed and the building completed. Rarely, if ever, are the various heads of departments called in for an expression of opinion concerning subjects upon which they are sure to have practical, if not technical, knowledge.

Never has the writer known of hospital plans being submitted to the student nursing body for suggestion and discussion. Yet it is almost certain that such a procedure would draw forth many excellent suggestions. I am confident that fewer diet kitchens with their inevitable noise would be placed next to the wards, as is so often done, if nurses or Superintendents were consulted about the arrangement. I am also sure they would ask for a reasonable number of sound-proof isolation rooms with properly guarded windows. Theirs is the personal responsibility for delirious patients, and such a request would have to be heeded. Yet, lamentably, few of such rooms exist!

Would it not be as well to ask a dietist what is to go into her diet kitchen, and plan accordingly, rather than label a four-walled room "diet kitchen" and attempt to place the manifold necessities there after the building is completed? It would seem that such lack of co-operation is largely responsible for a not unusual arrangement of gas stove and ice-box side by side, with a necessary serving table or drain-board for the sink omitted altogether for want of room. Who but the dietist would be liable to think of the convenience of having her meat blocks placed near the cold storage, and her kitchen so arranged that food trucks might be expeditiously loaded without disturbing the personnel or working machinery of the kitchen itself?

Can not the pharmacist best tell us of arrangements which would facilitate his work; of the most convenient relation of sinks, working tables, tablet machines, dispensing counters, etc., etc.? Would it not be better to allow him a voice in such matters, rather than have them arbitrarily arranged by persons who could not be expected to have a working knowledge of the facts, and, incidentally, would never have to suffer from the inconvenience and annoyance which follow a thoughtless arragement or choice of equipment and facilities?

If a Superintendent of Nurses were consulted in the matter of a nurses' home, is it not probable that night nurses would be provided with sound-proof rooms located in a section of the building farthest removed from dining rooms, lecture rooms, baths, etc.?

The doctors always have adequate dressing rooms, lockers, shower baths, etc., in an operating pavilion, while a similar provision is seldom if ever made for nurses. Yet nurses may be perspiring through two or three operations to the doctor's one, and would have even greater appreciation of a proper dressing room and shower than he. If the chief operating room nurse were asked for suggestions in the planning of an operating pavilion, is it not probable that she would ask that these things be provided for her staff as well as for the doctors? Also, would she not protest against having her instrument cases placed in the sterilizing room, as is so often done? Would not her supply room be much more convenient and accessible than the usual last space to be utilized which is labelled "supplies," and then left to its sad and unsatisfactory fate?

The foregoing errors and many similar ones are actually found in the plans of some of our best hospitals. They are not necessary, and it is believed that a friendly co-operation between architects and heads of hospitals and heads of the various departments of the hospitals, would see fewer and fewer committed. Such co-operation would undoubtedly develop a most wholesome esprit de corps among hospital trustees, officials and employees. All would then be working for the completion of an institution both beautiful and serviceable; intelligent in detail; and adapted in its every requirement to the great purpose of efficiently caring for the world's afflicted.

Does it not seem worth the experiment?

THE TEULON HOSPITAL.*

By E. GRANT, Toronto.

The small village of Teulon, Man., is situated about forty miles north-west of Winnipeg, and Teulon Hospital is just one mile from the village. I spent more than two years in work among the foreigners in

*Read before the Florence Nightingale Association, Toronto.

Teulon, Manitoba, in connection with the hospital, and I have been asked to give some idea of the work being done by that institution.

As you know, this hospital is a mission hospital, financed by the Home Mission Board of the Presbyterian Church in Canada. The work is of three kinds: Religious, medical and educational. It is of the medical side I shall speak.

Before leaving for the West, I had read of these mission hospitals, and had supposed them institutions devoid of modern convenience; but I was agreeably surprised to find a fairly well equipped building, the principal drawback—and a big one—being lack of a waterworks system. The building contained beds for fourteen patients, but has accommodated twenty-four. Patients are of many nationalities, and of course the usual diversity of ailments present themselves for treatment. A great many suffer from stomach troubles, brought about through poor cooking and improper food. There are many surgical cases, necessitating operations of all kinds; much maternity work, and considerable typhoid. In fact, variety of disease is quite as popular among these foreigners as among other Canadians.

In work of this nature, much has to be done without proper equipment. The nurse does anything her hand finds to do, whether in the nursing line or not. Sometimes a laundress disappoints; or the cook may be young and inexperienced. What must be done? Well, the nurse is responsible; certain things require doing, and will not be postponed; so the nurse rolls up her sleeves and does the work herself. One thing I did not learn to do at Teulon, and that was to milk the cows. But we often had to feed the chickens. One of our nurses—Miss C.—raised five turkeys while I was out there. She watched and tended them as though they were patients. Although neither of us was there, when the time came for eating them, I am sure they were delicious. Winter time, of course, is the most trying season of the year. It seems almost impossible to keep warm, especially when the thermometer drops to 50 degrees below zero, and with only a wood furnace. Fortunately this weather does not last long. Winter is lonely enough for all, but doubly so for the night nurse at Teulon. During the long, cold nights one can distinctly hear the howling of the wolves in the bush, just beyond the open fields.

Many cases of frost-bite find their way to the hospital for treatment. One with a gangrenous toe; another with possibly a finger infection, both requiring amputation. One poor woman, I remember well, had all her toes frozen. When she came to us the bones of her toes were visible. This poor creature had a serious time learning to walk again, and her husband would hardly take her home with him. The Galicians have no use for their disabled relatives. A woman especially is considered only a burden unless she is able to do her heavy share of the work.

There are plenty of sick children in Teulon. Many are brought to

the hospital, and some of them, on recovery, remain in the institution; are clothed, and fed, and sent to the village school. We had five of these children while I was there—three girls and two boys—and I assure you

THE TEULON HOSPITAL, MANITOBA.

they helped to make things interesting for us. All of these little girls have decided to train as nurses at some future date. They may change their minds.

So much for hospital work. This is only one angle of it. There are numerous calls for the doctor from outside locations, at distances varying from one to fifty-five miles. No matter how long the journey before him, no matter how rough the way, or how stormy the weather, the medical missionary from Teulon Hospital never considers the difficulties a moment, but responds to the call of suffering humanity in its extreme need. He seldom makes such journeys alone, being generally accompanied by a skilled nurse. Visiting the foreigner in his home is, of course, an interesting, although not necessarily pleasant, experience.

The Galician houses are odd-looking, though rather picturesque. These houses are built of logs, and are usually erected by the women. All have thatched roofs, and sometimes, but not invariably, they are plastered and whitewashed upon the outside, thus reversing the usual custom of Canada, where the plaster and whitewash are utilized inside the houses. As you enter the door of a Galician home you step upon a floor of mud, packed solidly. Some housekeepers pride themselves upon having floors that might be used as a dining-table; not so the Galician housewife. She may be wise, because no possible combination of circumstances known to womanhood could result in her having to scrub her mud floor.

Usually one room houses the entire family, and this room is kept at such a high temperature that it is stifling to one coming from outside.

Occasionally it is necessary for the nurse to remain overnight in one of these crowded rooms. Sometimes she will sit up all night; at other times the male members of the family and the children adjourn to the hayloft, and the nurse takes the bed—if she cares to. A few of the Galicians are cleanly, but the great majority are, to use a mild term, distinctly untidy. They anoint themselves with oil in lieu of bathing, and the butter is kept safely under the bed. They are accustomed to sleeping in their clothing, and even when in the hospital great difficulty is experienced in prevailing upon them to disrobe. Their cooking is of the most primitive character. Some possess stoves, but many yet bake their bread, which is made of the cheapest grade of flour, in clay ovens. These ovens serve a double purpose—being used as sleeping-places when not otherwise employed. I never could negotiate the Galician butter, so that I cannot say how it tastes. It doesn't look very toothsome. Garlic is used in almost every dish, and pork fat is a common substitute for butter.

Under conditions such as these, sickness comes doubly freighted with suffering. On one of these visits we found seven ill of typhoid in one room. Three were lying on the only bed. A small babe swung from the ceiling in a basket cradle, while two little ones toddled about the floor. Upon a cot in one corner an aged man lay dying. The one healthy member of the family—a young man—was acting as a nurse. Strangely enough, all recovered except the old man who, as before stated, was moribund when we arrived. Two months later, however, the young man came to the hospital with a bad case of typhoid, was ill four months, and recovered.

Sometimes the drives are very long, and at certain seasons the roads are almost impassable. Each nationality forms a small colony of its own, and these different colonies are scattered over a wide extent of country, making them difficult to reach. On one drive of fifty miles I remember passing colonies of Swedes, French, Norwegian, English, Galician, and most prosperous of all, the Jewish.

Most of the emergency calls are maternity cases. If our patient lives at a great distance we sometimes arrive after the babe. In one such case we found the babe wrapped up like a mummy, only its tiny face being visible. It appeared to have something in its mouth. Investigation brought to light a piece of soft rubber, fashioned into a crude comfort. Every once and again this rubber was removed, soaked in strong tea, and replaced in baby's mouth. Doctor Hunter is so accustomed to the vagaries of these people that a little thing like this does not surprise him. Where I was duly horrified the Doctor just smiled amusedly.

The foreigners never have clothing ready for the new baby, so the nurse always takes with her the necessary outfit. On one such occasion, however, the messenger told us the patient was suffering from sore throat, so we went unprepared for a confinement case. We soon found that the

messenger had been slightly mistaken in his diagnosis. We could find nothing in the house suitable for wrapping up the child temporarily, to say nothing of dressing it. We utilized the surgical towels from the Doctor's outfit, and the next day sent the necessary articles from the hospital supplies. The mother lay upon a straw tick, covered by a ragged quilt. Fortunately the weather was mild, and the patient did not suffer from lack of covering. This was an instance of what is called a "needy" case.

The ladies of the W.H.M.S. are doing what they can to relieve the destitution so common in this territory. They send bales of clothing to the Hospital once a year. These bales are broken up into bundles, and the bundles are distributed among those who need them. The great difficulty met with in such distribution is to reach only those who are deserving of assistance. Some of the people will ask for and accept clothing, and then sell it. This form of swindling is hard to guard against.

The preceding is but a glimpse at the hospital side of the work. The Teulon Mission was started over eight years ago, and it has done good work in caring for the sick and suffering, and in supplying many poor people with the necessaries of life. The educational work has not been neglected. During the past year great progress has been made in this line, and a fine residence school for boys has been erected. However, although these two important and necessary branches of Mission work—hospital and educational—are receiving the attention they deserve, they really are but steps leading to the most important work of all—religious teaching. To weld these diverse nationalities into a community of honest, upright, God-fearing Canadian citizens, is, after all, the end sought to be attained by the Presbyterian Mission at Teulon.

Educate these foreigners, and particularly the children; care for them when they are ill; clothe them when they are naked; give them food when they are hungry, and they will be ready, mentally and physically, to receive the great message the Church is sending them. The W.H.M.S. works on the theory that a man who is hungry and ill-clad is more difficult to interest than is one who is physically at his best. First feed him; then teach him.

On the whole, the work in a western mission hospital is, to say the least, fascinating, and to one interested a never-to-be-forgotten experience.

This account, from *The Home Mission Pioneer*, of a case visited by Dr. Scott, will give some idea of what the work outside the hospital may mean:—

"I was called recently to see a Galician woman who was said to be very ill. Approaching the house I was noisily greeted by three dogs, which looked rather fierce, being smeared pretty freely with blood.

Bloodstains were evident on the snow as well, indicating that this was a day of festivity for the dogs, and the day of death for the pig. Entering the house, I found the recently deceased (the pig) stretched out in several places, and in many pieces. A child of about six years of age lifted the lid off a pot, revealing a glimpse of a pair of ears, a tail, and some feet. Anticipation was quite evident on the child's face. The monotony of the family board was to be broken at last. The room was not large, about 12 x 18 feet. The patient was lying in what passed for a bed, which was conspicuous by the absence of everything which would make for comfort or cleanliness. There was an entire absence of ventilation, and great completeness in the variety of odors. The patient was a woman of middle life, and of perfectly huge proportions. She was suffering keenly and wailing continuously. Inflammatory rheumatism, affecting every joint in every limb, and broncho-pneumonia, made a formidable combination. Her husband was dividing his time between the pig and the patient. The former had not been scalded to remove the hair, but singed, and the blackened skin, which had once been white, did not suggest anything immaculate. The reverse side of the bacon supplied the lubricant. As the man was alternately waiting on the patient and the pig, it was not surprising that the two began to assume some superficial resemblance. The man was really kind, patient, attentive and industrious, and was doing his best. The woman was seized with a paroxysm of coughing. Her husband hurried to her assistance, and supported her (by no means a light task) while the daughter, a young woman, placidly held out her hand to catch the sputum, which was afterwards deposited elsewhere. I was an interested spectator. They also learn who only stand and watch. An examination of the patient soon showed the seriousness of the case. Miss McLeod and Mrs. Sewell drove to the place later in the day, made her a clean bed, and gave the care she required. In doing this they discovered very extensive bed sores, which had been caused by the hard, dirty bed, the patient's own ponderous weight, and the neglect of all sanitary precaution. The nurses have been making her daily visits now for ten days, and while the woman is still very ill and in great pain, her condition has much improved, and we now hope for recovery."

HISTORY OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

Having been asked to contribute to THE CANADIAN NURSE a history of the Graduate Nurses' Association of Ontario, may I refer briefly to the general conditions existing prior to and the motives that prompted its organization.

Prior to the year 1904 organizations of nurses in the Province of

Ontario were to be found only in the Alumnae Associations. The Alumnae Association of the Toronto General Hospital (organized 1894) having succeeded to a creditable extent in accomplishing its objects with regard to its own members, determined to fulfil the last clause of Article I. of its constitution—"the advancement of the interests of the profession of nursing"—so far as it was possible.

During the year 1903 the Alumnae Association endeavored to induce all the Training Schools in the Province to organize Alumnae Associations, with the definite plan of having an Associated Alumnae. This proved satisfactory as far as any Training School had sufficient graduates to maintain an Alumnae Association. However, the plan was impracticable in some schools, by reason of the graduates of many of the smaller schools throughout the Province becoming scattered, and not a sufficient number of any one school at one point, to enable an Association to be carried on. There was no alternative, therefore, if the interests of the profession were to be advanced, but to organize on broader lines and form a Provincial Association.

The Executive of the Alumnae Association of the Toronto General Hospital then decided to circularize every Training School for Nurses in the Province of Ontario, describing the plan of work and requesting a list of graduates. The Superintendents of Training Schools readily complied with this request, and thus every graduate nurse of a Provincial Training School was individually made acquainted with our ideas and objects.

With Toronto as headquarters, the formative work was quickly carried on and everything arranged for a large organization meeting. The initial meeting of the Graduate Nurses' Association of Ontario was held in St. George's Hall, Toronto, on April 2nd, 1904, and was well represented by graduate nurses from every town and city in Ontario.

Mrs. Paffard, President of the Alumnae Association of the Toronto General Hospital, occupied the chair, and introduced Miss Damer, of Buffalo, who gave a very interesting address on what had been accomplished in New York State regarding State examination and Registration of Trained Nurses. Dr. Helen MacMurchy described the benefits derived by the medical and legal professions from Provincial Registration. Miss M. A. Snively, Superintendent of Nurses, Toronto General Hospital, gave a short address and then proposed the formation of the Graduate Nurses' Association of Ontario. This was seconded by Miss Hollingsworth of St. Catharines and unanimously carried. Miss Elizabeth Gordon was elected President. The nomination of officers resulted as follows: President, Miss Elizabeth Gordon, Toronto; 1st Vice-President, Miss Amy Wartman, Collins' Bay; 2nd Vice-President, Miss L. Rice, Ottawa; Treasurer, Miss Josephine Hamilton, Toronto; Secretary, Miss Julia Stewart, Toronto.

A draft of a constitution was submitted. Under Miss Gordon's able direction the interest in the new Association was stimulated amongst all the Graduate Nurses of Ontario. The first annual meeting was held at the Normal School, Toronto, on April 22nd, 1905, at which the Constitution was adopted.

The first clause of Article II. of the Constitution of The Graduate Nurses' Association of Ontario reads: "The objects of the Association shall be the advancement of the educational standard of nursing," etc. With this in view, under authority of the Executive Committee, the then President of Toronto University, Dr. Loudon, was approached with the request that the University should consider extending its curriculum to include a training in nursing, and perhaps I cannot do better than submit here a memorandum of our proposal in this connection:—

HOSPITAL ECONOMICS.

In submitting the suggestion that the University of Toronto should avail itself of the present opportunity to offer a course of training and education of nurses, it is essential to a full appreciation of the importance of this subject that present conditions be thoroughly understood. Briefly, therefore, as possible, let us state what those conditions are, and what results are being obtained under present methods of training. We may preface our statement by assuring you that we shall deal with local conditions. Inasmuch as these are necessarily superior through the better facilities offered than what obtains in smaller centres, the necessities of the case will be more fully understood.

First we find several Training Schools, some of several years' standing, others of more recent establishment, each of which is conducted in connection with one of the city hospitals, yet none of them giving, nor can possibly give as at present constituted, an education and training up to the standard demanded to-day by the medical profession. These Training Schools were instituted primarily and are being conducted principally to meet the nursing needs of their respective hospitals. The educational needs of the nurse are thus quite secondary to the demand for her services by her hospital. Should her hospital confine its work to only a certain class of cases, and it must be admitted that specialization is the tendency, the graduate of the best hospital Training Schools (not excepting General Hospitals) finds herself after three years' training with a very incomplete education, quite unfit to assume charge of perhaps the very first case that may be offered her. In order to qualify herself, the graduate of any Toronto Training School has no option but to take a post-graduate course in some American Training School. This through no fault of the hospitals nor through no fault of their Training Schools as they are at present constituted. The latter, as explained before, have been organized and operated to serve the needs of the hos-

pital first—not the needs of the nurse. The *educational* requirements of the nurse have been to a very large extent, and, under present methods, will continue to be sacrificed to the nursing demands of the hospital. One could hardly expect it to be otherwise. Further, through the very specialization which is characteristic of the times, the nurse in training to-day does not actually receive an education and training in her profession as comprehensive as did her sister nurse of, say, ten years ago, who got her training in a General Hospital that took in any and all cases. Even the extending of her training from a two years to a three years' course is not giving the present pupil nurse that liberal education which she has the right to expect, and which the medical profession demands.

We submit that the facilities for the thorough training and education of the nurse are here; equal if not superior to any to be found in any large educational centre. The hospitals of this city are well equipped, and under the influence of an intelligent public opinion promise to advance and keep pace with advanced medical science. The Medical Faculty of Toronto University is, we believe, second to none in ability and devotion to their profession. Surely then one might expect with the means at hand that there would be nothing deficient in the education and training of a profession so closely identified with the practical work of the surgeon and physician!

May we here point out the recognition by nurses themselves of the necessity for higher standards of education. In Great Britain and in several of the Colonies, in the United States, and, we are very glad to say, in the Province of Ontario, there is a great movement towards this object. The many bills of "State Registration" that have already become law in several of the Colonies and in many of the States of the Union are all framed primarily to raise the standard of the nurses' education. In our own Province the graduate nurses have organized, and at present have under discussion a "Registration" Bill which they confidently hope to have accepted by the Legislature. The broad import of these "Registration" Bills is an insistence upon a thorough nursing training. Already its good effects may be seen in the improvement of hospital training standards where the bills are in operation. It has further warranted certain Universities in extending their curriculum to meet the necessities of the profession. Columbia and Harvard have both a course in hospital economics. Drexel, of Philadelphia, and Simmons, of Boston, have preparatory courses for nurses in their college curriculum. Why should not Toronto University, with its exceptional medical facilities, offer not alone a complete course for the training of nurses, but special post-graduate courses as well? The latter would be of inestimable advantage to those graduates of Provincial Training Schools who otherwise are compelled to take their post-graduate course at American

schools. In extending the curriculum to include a course of education and training for nurses, Toronto University would unquestionably be establishing a standard that would be appreciated equally as much by the medical profession as by nurses themselves.

In conclusion, permit us to point out the impossibility of this education and training being improved except in the way that we have suggested. At present every hospital is granting its own diplomas solely upon its own standard of training. In any one hospital of standing no doubt the training given on one or more subjects may be excellent. In all the educational portion of the training is to a greater or less extent neglected. Through each hospital confining its training to the particular branches of medical work undertaken by that hospital, no opportunity is given to its pupil nurses to secure a very necessary education and training on all subjects. For example:—

What education and training in contagious diseases does a pupil nurse in the Toronto General receive to-day?

What education or training in obstetrics does a pupil nurse in the Isolation Hospital receive?

What special training in children's diseases do either receive?

And so on. And yet a graduate nurse of either one, or any hospital, may be called upon to undertake a case, the very nature of which she is quite ignorant—through no fault of hers it is true. Can this method, or lack of method, produce what the surgeon and physician demand to-day in a trained nurse?

We suggest that the University of Toronto undertake this educational work in a broad, comprehensive way. It is not for us to suggest here the details necessary, but we can forsee a scheme whereby the pupil nurse of Toronto University can take her course in each branch of work at that particular hospital offering the best facilities. Her training in contagious diseases would be given at the Isolation Hospital—a course of, say, six months. Her training in children's diseases would be a six months' course at the Sick Children's Hospital. Her training in surgery and other subjects could be given in the General and Grace Hospitals. Her training in dietetics at the School of Domestic Science. And so on. Added to the splendid practical training which could thus be given would be a thorough course of medical lectures. We feel sure that under this plan a graduate nurse of Toronto University would stand at the top of her profession.

We believe that the reputation and standing of the University would be such that pupils would be attracted to it from every country who desired a thorough nursing training. Its post-graduate courses would undoubtedly appeal to those who at present are compelled to attend American schools.

Still further, we can see many advantages under this plan to the

hospitals themselves. Their nursing staffs, instead of being supplemented as at present entirely from probationers, would always contain a large percentage of nurses well trained in some particular branches of work, and disciplined in hospital routine, which would surely make them much more valuable to the institution than the raw probationer.

In the interests of the public, in the interests of the medical profession, and in the interests of the nurse herself, we trust that the Univer-

MRS. A. H. PAFFARD.

(Miss Agnes McIntyre, Class 1894, Toronto General Hospital).

sity of Toronto will extend its curriculum to include this very necessary educational work."

At that time, however, the University was in process of reorganization, and our request, although kindly received, was never acted upon. Nevertheless, our suggestions of that date, or something very similar, may yet prove to be the best solution.

The time now seemed opportune to make some attempt to secure protective legislation, and at a special general meeting held on December 28th, 1905, a draft of a proposed Bill for Incorporation and Registration was submitted for discussion.

At this meeting the Association decided to seek affiliation with the National Council of Women, in view of the support to be gained from such an influential body. The officers of the Association were making strenuous efforts to strengthen the membership and also to educate graduates to the necessity of protective legislation, and, upon invitation, Madame Von Wagner, of Yonkers, N.Y., and Miss L. L. Dock, of New York, gave very interesting addresses on Registration and kindred subjects.

The second annual meeting was held on April 17th, 1906, in St. George's Hall, Toronto, and was well attended by graduates throughout the Province, as well as those resident in the city. It was gratifying to note the keen interest in Registration that had been awakened. The Legislation Committee submitted its report embodying the draft of a Bill for Incorporation and Registration, which was adopted.

Miss Eastwood, the President, who had been untiring as Convener of the Legislation Committee, had the assurance of the late Hon. J. W. St. John, then Speaker of the House of Assembly, that he would introduce a Bill for Registration at the next session. Everything looked promising and in view of the splendid work done by the officers and committees, it was not thought wise to make any change in these officers, and the Executive and committees were re-elected unanimously.

The ensuing year was indeed a busy one, especially for the Legislation Committee. Our membership was not as large as we could have wished, considering the important work ahead of us and the necessity for a large support. Great efforts were made, and with some success, to educate all graduates throughout the Province to the importance of giving their support to the proposed Bill and to bring as many new members as possible into the Association. This involved a great deal of work. Superintendents of hospitals were communicated with and lists of their graduates and addresses secured. Those in Toronto were written to individually and put in touch with what the Association was aiming to accomplish. As an added support a petition signed by some six hundred graduate nurses, for a Registration Bill, was secured.

On March 1st, 1906, our Bill was introduced in the House by the Hon. Thos. Crawford, for its first reading. After discussion in committee, at which a large deputation of our members were present upon invitation, considerable opposition developed from unexpected quarters, which finally led to its mutilation to such an extent that it was hardly recognizable and would have proven quite ineffective. Exception was

taken to it, largely by reason of our having attempted to incorporate in it a fixed standard.

The Executive of the Association considered that they had no option but to withdraw the Bill, which was done with the determination to renew their efforts on somewhat different lines in the future.

In 1907, following the withdrawal of the Bill, it was decided by the Executive to extend the educational work throughout the Province, by sending representatives of the Association to each hospital where there was a Training School for Nurses, to explain and discuss Registration, and also to form Chapters of the Association in the larger centres, where the work, of interest to each Chapter, could be carried on and reported to the Central Association. This has been carried out very successfully and Chapters, doing splendid work, have been organized at Hamilton, London and Peterboro, and several other centres are discussing organization.

Miss Crosby is to be congratulated upon the success of these Chapters and the educational work she has accomplished. She has frequently been requested to visit some hospital to talk to the nurses upon Registration.

Until the annual meeting of 1908 the time of this meeting had always been at Easter, but owing to the difficulty of obtaining interesting speakers at this holiday season, it was decided to change the date to May 24th. This was evidently a wise choice, judging by the splendid attendance at each annual meeting. Incorporation was secured during 1908.

In August, 1910, graduate nurses all over the world received with great sorrow the news of the death of Miss Florence Nightingale. A memorial was arranged for and held at St. Paul's (Anglican) Church, Toronto. Ven. Archdeacon Cody conducted the service, which was well attended by nurses from all over Canada.

Under the best legal advice, the Executive prepared a draft of a proposed Bill, which it was considered would meet the requirements of the profession and be sanctioned by the Government. This would have been submitted for legislative action in 1912, but for certain Government amendments to the Hospital Act and intimation that further amendments would follow which might, partially at any rate, advance us towards the goal for which we are contending. In the meantime it was deemed advisable to await the developments which these amendments might bring forth. Until such time the Executive consider discretion the better part of valor.

A. M. P.

MEDICAL INSPECTION OF CHILDREN UNDER SCHOOL AGE.

The desirability, or rather the necessity for such inspection, is strongly urged by Lewis Williams, M.D., D.P.H., Medical Superintendent, City of Bradford Education Committee, who writes on this subject in the *Journal of the Royal Sanitary Institute*. He says:—

"I have made an exhaustive inquiry into the results of the medical examinations of the under-five-year-old children attending the Bradford schools during the last four years, and the facts disclosed cannot but compel me to the opinion that these examinations are not only desirable, but necessary. The physical condition of these babies and the diseases from which they suffer call urgently for treatment, and this treatment is nearly always forthcoming only after medical examination with its attendant disclosures.

Of children aged three, over 50 per cent. were found to have already had measles, and of those aged four, nearly 60 per cent. About 40 per cent. in the same age groups had suffered from whooping cough. It is a well-known fact that the majority of young children do not recover from measles and whooping cough as rapidly as is generally supposed; the complications of these diseases are very numerous, and though children apparently shake the disease off in the course of a few weeks, there are many who, though they appear to have recovered, are suffering from one or the other of these complications, and are thereby laying the foundation of further and more serious trouble later in life. The oversight may often be attributed to the fact that in diseases such as measles and whooping cough, simple diseases of childhood so called, it is considered unnecessary to call for medical advice.

The conditions which affect children subsequent to an attack of the diseases named include pneumonia (congestion of the lungs), bronchitis, catarrh, enlarged glands, otorrhœa, inflammatory eye-diseases, squint and affections of the heart.

There is, moreover, a more or less lowering effect upon the constitution, which may predispose the child to other forms of disease, and more particularly perhaps to tuberculosis; any of the pulmonary complications, for instance, may prepare the child for phthisis; bronchitis if neglected may become chronic, otorrhœa may lead to partial or complete deafness, and eye inflammation may terminate in defective vision of varying degrees.

On numerous occasions one or more of these conditions have been discovered in children under five, and from the history obtained the onset in many cases has been traceable to an attack of measles or whooping cough. Needless to say, the detection of such diseases is important, and the earlier they are discovered the better it will be for the children concerned. Amongst other facts brought to light are the following:—

The condition of nutrition is described as "below normal" in nearly as many children under as over five.

About as many under as over five are described as of delicate appearance or anæmic. Squint was present in 1.5 per cent. as compared with 2 per cent. in over-fives.

Adenoids were found in 11 per cent., as compared with 14 per cent. in over-fives. Other diseases of the nose, throat, and mouth in 2 per cent. of each group.

More than four teeth were found decayed in 32 per cent. of under-fives.

Pythisis was diagnosable in 2 per cent. (over-fives, .5 per cent.)

An equal number of both groups were found to have tubercular glands in the neck. Other tubercular diseases were found more commonly in the under-fives. Eye diseases, bronchitis, rickets, enlarged lymphatic glands, and deformities of bones and joints, were equally numerous in both groups.

Skin and scalp diseases were present in 2.5 per cent. of under-fives (over-fives, 4.6 per cent.)

That all the diseases named urgently require treatment will not be questioned; it would undoubtedly be far preferable if they were prevented, but this will be accomplished only when the importance of obtaining medical advice for the diseases of childhood is realized by parents.

In the meantime many young children are afflicted with disease which in some cases is not apparent and in others is so indefinite that it is not viewed with the slightest concern. The necessity for medical treatment of squint and sore eyes as a preventive of defective vision in later life is not sufficiently recognized, attention to otorrhœa is usually neglected, and an anmic or delicate child is too often allowed to "grow out of it."

The common occurrence of serious disease in under-age children is therefore sufficient justification for the medical examination of this group at the earliest moment, and the question arises, "Is the time when a child is admitted to school, even if that time be at the age of three, sufficiently early for this examination?"

In a great number of cases it has been discovered that diseases has already seriously affected the health of a child even at this early age, as is instanced in the large percentage of cases of squint and eye-disease, adenoids, phthisis, and other tubercular diseases, bronchitis, rickets, and skin diseases. It would therefore appear that the examination, so far as these children are concerned, has not been carried out sufficiently early.

In most of our large cities, at any rate, the care and medical supervision of children commences with the child's advent to our sphere, and very careful observation is kept of it during its first year of life. Babies' welcomes and infant care and rearing centres have been established in

order that the dreadful mortality amongst infants shall be reduced. The results of such institutions have been excellent; when a child becomes 12 months old, however, this desirable supervision ceases until it attains school-going age, when it is taken in hand by the school doctor, who unfortunately finds that in the interim of neglect the child has become afflicted with preventable disease.

The time has surely arrived when we should consider seriously the necessity of linking up these two departments of the public health service, and so consummate the national desire that the young children shall grow up healthy and free from disease. It is essential to the nation's welfare that the production of imperfect, diseased, and crippled children shall cease, as it is that the infant mortality shall be reduced.

In districts where the infant care scheme and the school medical service are administered by the same medical staff, it should not be difficult to link up these two branches; the gulf betwixt the infant clinic and the school clinic is not wide, and it is both desirable and possible that this gulf should be bridged over at once.

The infant clinic should be made available to children under school age, in order that they may be kept under regular supervision. To this clinic mothers who are unable to afford a doctor's fee should be allowed to bring their children for examination and advice.

Upon attaining school age the children would be transferred for supervision to the school clinic.

Those of us who have experience of the school clinic realize its enormous value as a health centre as a means of prevention of disease and as an educative agency for the community, but we also realize that much of the misery and incapacity with which we come in contact is preventable."

SECOND ANNUAL MEETING.

The second annual meeting of the Saskatchewan Graduate Nurses' Association was held at the General Hospital, Regina, on April 1st, 1913, at 3.30 p.m.

The Secretary's report is given here, and the election of officers resulted as follows:—

President—Mrs. J. C. Black, Regina.
First Vice-President—Mrs. J. A. Westman, Regina.
Second Vice-President—Miss Cooper, R.N., Indian Head.
Third Vice-President—Miss Lila Miller, Bladworth.
Secretary—Mrs. J. Newton, Regina.
Treasurer—Miss Bolster, Regina.
Convener of Sick-visiting Committee—Miss Dale.
Convener of Social Committee—Mrs. J. A. Westman.

SECRETARY'S REPORT.

Regina, April 1st, 1913.

Madame President :—I have the honour to submit the following report.

The first annual meeting of the Saskatchewan Graduate Nurses' Association was held April 1st, 1912, in the Nurses' Parlors, General Hospital, Regina. After the reading of the various reports, Miss Grace Cooper, R.N., Indian Head, read her "Proposed Registration Bill for Saskatchewan." It was the unanimous opinion of those present that it was an excellent bill in every respect. Afterwards Dr. Hart gave a most instructive lecture on "Tuberculosis."

The Nominating Committee conducted voting by ballot for the various offices. The results were as follows:—

President—Miss Clearihue.

First Vice-President—Mrs. J. C. Black.

Second Vice-President—Miss Cooper.

Third Vice-President—Mrs. Beveridge.

Treasurer—Miss McPherson.

Secretary—Miss J. Browne.

Convener of Social Committee—Miss Armstrong.

Convener of Sick-visiting Committee—Miss McPherson.

The most important work undertaken by our Association during the year has been the establishment of a Nurses' Registry, and the publication of a pamphlet stating the regulations of the Association regarding private nursing. In this a uniform schedule of charges is made, and one clause deals with a private nurse's time off duty. This has already been of great service in meeting the inquiries of the public.

We have on our membership roll the names of thirty-six Graduate Nurses. However, two or three of these have left the Province.

This Association is much indebted to Dr. Grace Armstrong for her lecture on "Care of the Teeth," and to Dr. Bow, Medical Health Officer, for his lecture on "Infant Mortality."

I regret to state that in February, Miss Clearihue, through whose efforts this Association was organized, tendered her resignation as President.

The only social event connected with the Association during this year was the delightful "At Home" given by Mrs. J. C. Black on March 14th, 1913.

Respectfully submitted.

JEAN E. BROWNE, *Secretary.*

ANNUAL MEETING.

Programme of the seventh annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, to be held in the Public Library, Berlin, Ont., May 19th and 20th.

MONDAY, MAY 19TH.

10 a.m.—

Meeting of Council.

Appointing of Nominating Committee.

2.30 p.m.—

Invocation—Rev. J. J. A. Andrews, Berlin.

Address of Welcome—Mayor W. D. Euler, Berlin.

Reply to Address of Welcome—Miss Madden, R.N., Superintendent City Hospital, Hamilton.

Address of President—Mrs. H. M. F. Bowman, R.N., Superintendent Berlin and Waterloo Hospital.

Report of Council.

Report of Treasurer.

Report of Auditors.

Report of Committees.

Report of Nominating Committee.

Paper, "Uniformity in Training School Work"—Miss Neelin, Superintendent Royal Alexandra Hospital, Fergus.

Discussion—Led by Miss Reekie, R.N., Superintendent Guelph General Hospital.

8 p.m.—

Address—"The Visiting Delegates."

Dr. C. T. Noecker, Waterloo, representing Medical Association of Berlin and Waterloo.

Paper, Eugenics—Dr. Helen MacMurchy, Toronto (as by arrangement of Canadian National Association of Trained Nurses).

TUESDAY, MAY 20TH.

10 a.m.—

Unfinished Business.

New Business.

Election of Officers.

Introduction of President-elect.

Question Drawer—Presided over by Miss Stanley, R.N., Victoria Hospital, London, and Miss Carson, John Stratford Hospital, Brantford.

2.30 p.m.—

Paper, "What the Domestic Science Classes are trying to do for Young Women for Hospital Housekeepers"—Miss M. U. Watzon, Superintendent Department of Home Economics, McDonald Institute, Guelph.

Paper, "What Hospitals require their Housekeepers to Know"—Miss Dickson, King Edward Sanitarium, Weston, Ont.

Discussion—Led by Miss Brent, R.N., Toronto, Ont.

8 p.m.—

Paper, "Tuberculosis: What Should be done in the Smaller Towns and Rural Places, from a Layman's Viewpoint"—Rev. F. E. Oberlander, Berlin, President of Tuberculosis Sanitarium League, Berlin.

Discussion.

Preliminary Training as given in Technical High School, Toronto. Miss Margaret Davidson, Household Science Department.

Through the courtesy of Professor Creelman of MacDonald Institute, Guelph, and Miss Watzon, Superintendent of the Department of Home Economics, the joint societies are invited to visit MacDonald Institute on Thursday, May 22nd, 1913, for luncheon.

A NEW DEPARTURE.

"Heretofore the position of ship's surgeon has been monopolized by men, but all doubt as to the eligibility of women for the position has been set at rest by a Scottish steamship company.

"The company in question had a steamer on the Clyde ready to sail for Australia with a large number of passengers, including emigrants, on board. All that kept her from leaving was the lack of a surgeon. A qualified woman doctor, the daughter of a marine engineer, heard of the difficulty and offered her services. The board of trade officer who had to certify the ship looked up all precedents, and although he found that no woman had ever before been signed on as surgeon of a ship, he could find nothing against it, and the woman doctor went out with the steamer.

"On a long voyage, with a large number of emigrants, the position is not an easy one and shipping circles are awaiting the result of the experiment with some interest."

PLUCK WINS.

"Pluck wins. It always wins!
Tho' days be slow
And night be dark twixt days that come and go,
Still, pluck will win. Its average is sure;
He gains the prize who can the most endure—
Who faces issues, and who never shirks,
Who waits and watches and who always works."

—Anon.

Where there is sorrow there is holy ground. Some day people will realize what that means. They will know nothing of life till they do. . . . There are times when sorrow seems to be the only truth.—*Oscar Wilde.*

THE SCHOOL NURSE.

TEETH AND THEIR RELATION TO THE BODY.—Dr. G. H. Wright, in *The Boston Medical and Surgical Journal*, states that four times in a child's life the tonsils become enlarged without infection or disease: (1) When the first group of temporary molars appear, at about two years of age; (2) at six years, when the first permanent molars erupt; (3) at twelve, when the second molars are in active eruption, and (4) at eighteen, when the process is completed. District nurses, school nurses and others should learn the years when to expect these teeth and remember their influence on the tonsils, which seldom require treatment.

EARACHE.—Dr. D. G. L. Richards says in Merck's Archives, that an earache is always important and should never be disregarded as a trivial thing to be treated with oils, poultices and various lotions. See a Specialist at once.

DEFECTIVE EYES.—In a paper read before the Kansas Medical Society, Dr. J. R. Scott says that eye strain is not a myth. Excessive contractions of the ciliary muscle require extra energy. Children are often unable to expend this, and organs remote from the eyes suffer, as well as the general nutrition. Myopia is an acquired defect, brought about by an excessive use of the eyes. If the structures of the eye ball do not give way under the continual tug of the ciliary muscle, the extra energy expended exhausts the individual, neurasthenic symptoms follow, sometimes through life, and decreased efficiency results. It is believed that the cataract of advanced years is the result of eye strain in early life.

The School Nurses of Toronto are glad to be able to announce that dental clinics in the schools are no longer a visionary ideal, but are an actual fact. The city has donated money to equip three such in the following schools: Earlscourt, Roden and Annette. These are schools in quarters from which it is hard for children to reach the central clinics. It will be a boon to each district to have this assistance.

Our own particular pride, however, centres in the dental equipment being installed in Queen Alexandra School, on Broadview Avenue. The earliest activity of the Canadian Public School Nurses' Association was to establish a fund for a portable clinic. School concerts were given by the nurses with the co-operation of principals and staff; dances were held, and gradually a sufficient fund was gathered, but our enterprise was held in check by the City Council's promise to do this and leave our funds for other needs. We have waited two years—not patiently—and at last we are able to announce our clinic. It is a complete equipment, all white, a model in every respect, and we are very proud of it. Visitors to the city will be most welcome to the school, which is easily reached by street car.

The Canadian Public School Nurses' Association held its regular

monthly meeting on Monday, April 7th, at 3.30 in the clubhouse. There was a large attendance, with the President in the chair. Among the new business was the decision to subscribe to three new journals for circulation among the staff. These are: *"British Journal of Nursing," "The Child," "The Visiting Quarterly."*

A very enjoyable musical programme was provided by the committee in charge of the meeting, and later on afternoon tea was served. The meeting then adjourned.

There will be a series of pictures on the School Nurse page, starting next month, descriptive of some of the typical cases "before and after." They will be interesting and convincing—seeing is believing—and these will be photographs.

CONVENTION NOTES.

The Canadian National Association of Trained Nurses meets in Berlin, Ont., May 20th and 21st, 1913.

A very interesting programme has been prepared and a large attendance is expected.

For the information of the delegates the following hotel list is given: The Walper House, the American Hotel, the Bowman House, the Brunswick.

N.B.—Since our announcement appeared in the April issue it has been found necessary to make a slight change in convention dates. Kindly note that convention is May 20th and 21st.

OPPORTUNITY.

Master of human destinies am I;
Fame, love and fortune on my footsteps wait,
Cities and fields I walk; I penetrate
Deserts and seas remote, and passing by
Hovel and mart and palace, soon or late
I knock unbidden once at every gate;
If sleeping, wake; if feasting, rise before
I turn away. It is the hour of fate,
And they who follow me reach every state
Mortals desire, and conquer every foe
Save death; but those who doubt or hesitate
Condemned to failure, penury and woe,
Seek me in vain and uselessly implore,
I answer not and I return no more.

—Senator John J. Ingalls.

Editorial

REGISTRATION OF NURSES IN MANITOBA.

We had hoped to present, in this issue, some details of the Nurses' Registration Bill recently passed by the Legislature of Manitoba. Failing this, we are pleased to note that the *Nurses' Alumnae Journal* of Winnipeg General Hospital, speaking editorially, is satisfied that, though all the hopes of the Provincial Association have not been realized, yet the primary object of the Association has been attained. We here quote directly:—

"While the bill, as passed, is not all that the Association had hoped for, the foundation remains upon which it is hoped a substantial structure may be built in the years that are to come.

"The primary object of the Association has been attained. And as 'all examinations and matters pertaining thereto under this Act shall be determined and conducted by and under the direction of the Council of the University of Manitoba, who shall appoint examiners therefor,' we feel that a step has been taken toward the secondary object, 'to raise the educational status and to perpetuate the traditions and the honour of nursing.'

"We now have University recognition, with all that means to us as nurses—let us consecrate anew all our powers! For our inspiration we would read again the closing thought of Miss Adelaide Nutting's splendid address before the Congress of Nursing in Cologne: "For our encouragement in our difficult upward path stands the picture of Isabel Robb, bringing our problems to the University—asking merely for an opportunity—empty-handed—but with an idea and a vision, and also with faith in nurses, that they would make their own place and shape their own course, and that training schools would discover their own extreme need.' "

Thus it will be seen that the Legislature of Manitoba has placed the nursing profession where it really belongs—a part of the Provincial University. For registration, to be of real value to the profession, or, indeed, to the public, must guarantee educational attainment and ensure the provision of educational facilities.

The Training Schools of Manitoba will now strive to attain the standard set by the University, and the nurses of Manitoba will have the proud distinction of receiving their diplomas and degrees at the hands of the University.

Our heartiest congratulations go out to you—Nurses of Manitoba—for you are the leaders in this great educational campaign. May other Legislatures note this!

FIRST ANNUAL MEETING.

The first annual meeting of the Graduate Nurses' Association of British Columbia will be held at Vancouver, B.C., Friday and Saturday, June the 13th and 14th.

A NEW FEATURE.

The Board of Directors of THE CANADIAN NURSE, at a meeting early in the year, considered that it would be the part of wisdom to seek to preserve some account of the growth of the nursing profession in Canada, and that it would be interesting to present, along with the history of different organizations and movements, the photographs of those most closely connected with the work described.

We were particularly pleased to present to our readers, in April, a photograph of Mr. J. Ross Robertson, whose splendid work for the children and for nurses is known all over the continent.

This month our readers will be pleased to make the acquaintance of Mrs. A. H. Paffard, who, in 1904, accomplished the gigantic task of gathering together and organizing the nurses of Ontario. Mrs. Paffard's interest in the profession is as keen and unwavering as when she was in active work, and the profession in Ontario, and, indeed in Canada, owes much to her untiring energy and cautious foresight.

A WARNING.

A correspondent from the West sounds a note of warning to nurses who may be contemplating practising in some of the Western Provinces.

She says: "I wonder if I might take it upon myself to call attention to the fact that *too many nurses are coming to the West.* Living expenses are *very high* and they often remain idle for weeks. The Calgary Graduate Nurses' Association has 130 nurses on its registry, and often fifty of these are idle."

Nurses who contemplate going West will do well to note conditions and go prepared to wait—and all know what that means.

SOME IDEALS FOR A COMMITTEE MEMBER.

Nurses are frequently called upon to act on committees, often important ones which deal with questions of a far-reaching nature. That high ideals of one's duty and responsibility are necessary will be at once conceded.

The article under the above title in the January issue of *The Home*

Mission Pioneer discussed this subject so thoroughly and well that we reproduce it here:

"For the sake of convenience we may divide our subject into the greater and the lesser ideals, though, to secure an ideal committee member, all the ideals are equally important, because each one contributes duly to the whole, which is incomplete without its parts.

"Of the greater ideals, let us affirm that committee work involves leadership as well as administration, therefore each member should have the added sense of personal responsibility which this ideal brings, and all her simplest acts in committee should emphasize the dignity and the humility of true leadership.

"Again, however precious be the qualities of developed individuality, in committee work the ideal is the combination of developed individuals. The committee member must not only perceive this ideal, but attain to it by giving her own best contribution, and then with equal determination seek to elicit the best contribution of others, and, with the materials so called out, aim at the combination of ideals. A welded idea is a splendid thing, even though it takes time to accomplish, and the committee member must be prepared in the process to see the form of her own particular contribution disappear, though its essential qualities never can.

"The ideal committee member will do as much unseen, as seen, committee work. She will prepare, first by prayer and communion, and then by study. The Saviour of mankind chooses still, as He chose on earth, to do His work through others. All committee work is a part of the Divine plan for bringing salvation to the world; therefore we, in working corporately, are intimately associated with Him who, apart from the one great lonely office of Redemption, committed His purpose to a church—not to individuals.

"Naturally, therefore, committee work must be approached in much prayer, and the ideal member will attend in the spirit and calm of prayer and in close relationship with her Lord. The destiny of lives often hangs on a committee's decision; a career may be checked or forwarded; an injustice may be done; an opportunity for bold and noble action may be lost; details and common-sense, essential to the service of God, may be ignored. All committee work is, or should be, critical (for it is a pity to have a committee, if the work can be equally well done without one), and, therefore, much prayer and self-preparation is needed beforehand on the part of the committee member.

"Also, the ideal member will examine her agenda paper before coming, and 'think through' it. She will read any available report; if an item is too vaguely or generally expressed, she will ask the secretary to give her information; and her whole aim should be to attend with an open, yet well-stored mind. Then, when these crises arise, as they

do in all committee work, of burning questions, and opinion is strongly divided, the ideals of a committee member, if cultivated by practice, will lift her above any display or sense of 'party spirit,' and will make her, in the hour of difficulty, a strength to every one.

"The lesser ideals of a committee member include much that is often scorned as 'red tape' by those who do not 'consider.' A certain form of procedure, written and unwritten, and a certain code of honor and decorum have descended to us as a heritage in committee work, which we ought to prize highly. Experience has framed and founded them and, in reality, they are essential to true committee work, for they regulate human weakness and selfishness and secure for any member the 'fair play' so dear to our hearts.

"There is cause, no doubt, for scorning 'red tape' in committee if the larger ideals are absent, and if, as is not unknown, there is displayed that perfect knowledge of all the mysteries of committee procedure, which has the effect of delaying business. Wherever the procedure bulks larger than the work done in committee, something is surely wrong, and the 'Much-ado-about-nothing' Committee is to be avoided by all who desire to be engaged in genuine sowing and reaping. However, this type of committee is rare, and there is no reason why a terror of its peculiar sins should make the genuine working committee, which wants to take the simplest course to attain its object effectually, an unbusinesslike ceremony.

"There are, then, recognized codes of procedure and honor, and the ideals of a committee member will lead her to uphold both. When in a committee the stage of preliminary discussion has been passed, and the member has her chance of speaking for or against a motion, she will try to say all she has to say tersely in one careful speech. She will recognize that she should not keep on dropping out arguments one by one at intervals. Others must speak as well as she, and a committee is not a conference. She will uphold, not only in mind, but in attitude, the authority of the chair; and she, since the votes of the majority put the chair in that position, will not question her decisions. The member who speaks too little has as indifferent an ideal as the member who speaks too much. If she did not speak at all it would be better, for she usually says at the door on leaving, 'I wanted so much to say so-and-so, but I didn't like to.' That member has no true ideal of responsibility, and should not really be on a committee, unless she is silent because others have said what she thinks and there is no need or repetition.

"A committee member who 'does not vote' on a question is involved in the decision of the committee, and, unless she is prepared for this, she ought to vote one way or the other. It is of course known widely that the discussions of a committee are privileged, and that only their decisions are to be known outside. It might well be one of the lesser

ideals to determine never to let any syllable drop outside a committee of that which has arisen within. The secretary alone has authority to announce decisions, and this only as an official act for which she is responsible to the committee.

"It is difficult, more especially among women, not to think that opposing opinions contain some personal feeling. It should surely be one of the ideals the most resolutely maintained that all criticism of proposals is impersonal; only in this belief can our contributions be thought and action be lovingly and fearlessly given.

"Undoubtedly committees are sorely weakened if members join and do not mean to give work; and in forming a committee it is fatal to ask someone to join for the sake of 'her name.' Should it not be an ideal among women workers not to join a committee 'because it is so nice to know what is going on'; and only to join if the call to a committee is also a fresh call from God to serve Him in this special way by undertaking special responsibility?

"Really, the ultimate aim of a committee must be very high; and the ideal of each member will sustain and raise this. A committee does not exist only for the little patch of service in God's great world for which it is responsible. Whatever be the society or the objective, the Christian Committee exists for the spread of the Kingdom, the laws of the Kingdom are its real by-laws, the beatitudes of the Kingdom are its real inheritance. Every committee member with a large ideal, seeing her committee as one of a vast number of similar bodies all seeking to carry out the will of God, will impart to that committee the largeness, the generosity, the fulness of purpose and hope, which make it possible to subordinate personal desires to a great common end.

"It is very helpful to sit in a committee meeting where one can catch some glimpse of the sky; the air, the light, the clouds have much to say. But it is better still in a committee to make a constant practice, when not personally pressed at the moment, of 'seeing Him who is invisible,' to translate in thought the vexed problem to the calm tribunal of the Throne of God, and to return from there, renewed in faith to aid the fellow-workers. . . . To 'see Jesus' frequently during a committee is perhaps the greatest ideal of all."

The Guild of Saint Barnabas

The fifteenth annual meeting of the Montreal Branch was attended by the Chaplain, three honorary members and eleven members. The following extracts are taken from the report presented by the Secretary:—

"There have been two additions to our roll during the past year. The Misericordia ribbon has been given to the Misses Aikman, Wilson and Sewell, and to Mrs. Stanley, all of whom can claim to have been members of the Guild for ten years. The absence of our Superior, Miss Stikeman, is a matter of great regret; she is much missed at the meetings. Our roll includes 49 members, 1 associate and 11 honorary members. Twenty-nine are resident in Montreal or its immediate vicinity, the remaining twenty being scattered over a wide area of country. During the year eight meetings have been held, with an average attendance of 9.4 nurses, not including visitors. Two members of English branches have visited us, also a member of the American Guild, and at one meeting we had the pleasure of welcoming Mrs. John Kerry, who was made an associate at the opening meeting of this branch, January 25th, 1898, and was the first to receive her medal of membership in Montreal.

"On St. Barnabas' Day several of the members were present at the seven o'clock celebration of the Holy Communion in St. John the Evangelist Church. In the afternoon the Superior entertained as many as could come at her house, and the anniversary service in the evening was attended by thirteen members. In October the Chaplain invited the members to tea after the usual monthly service. The monthly celebrations at the Royal Victoria Hospital have been continued by the Chaplain."

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908).

President, Miss Bella Crosby, 41 Rose Avenue, Toronto; First Vice-President, Mrs. Tilley, 82 Roxborough Street West, Toronto; Second Vice-President, Miss G. A. Read, 156 John Street, London; Recording Secretary, Miss Ina F. Pringle, 188 Avenue Road, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Mrs. A. H. Paffard, 194 Blythwood Road, North Toronto. Directors:—Miss K. Mathieson, Riverdale Hospital, Toronto; Miss Eastwood, 206 Spadina Avenue, Toronto; Miss L. L. Rogers, R.N., 10 Geofrey Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 113 Delaware Avenue, Toronto; Miss Julia Stewart, 12 Selby Street, Toronto; Miss Florence Potts, Hospital for Sick Children, Toronto; Mrs. Yorke, 400 Manning Avenue, Toronto; Miss Eunice H. Dyke, R.N., 74 Homewood Avenue, Toronto; Miss Mary Gray, 505 Sherbourne Street, Toronto; Miss Janet Neilson, 295 Carlton Street, Toronto; Miss A. I. Robinson, 295 Sherbourne Street, Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Miss Janet G. McNeill, 505 Sherbourne Street, Toronto; Miss De Vellin, 505 Sherbourne Street, Toronto; Miss A. Carnochan, 566 Sherbourne Street, Toronto.

The annual meeting of the Association will be held in Toronto on May 23rd, 1913. The morning session, which will be a business session, will be held at the clubhouse, 295 Sherbourne St. Luncheon will be served at the club for the visitors.

The afternoon and evening sessions will be held at the Residence of the Hospital for Sick Children.

AFTERNOON SESSION, 2.30 P.M.

"Visiting Nursing"—Miss Long, St. Elizabeth's Visiting Nurses' Association, Toronto.

"The Value of a Chapter."

"Co-operation"—Miss H. N. W. Smith, Chairman of the Hamilton Chapter.

"Health Nursing."

Visit to Forest School, where tea will be served.

EVENING SESSION, 8 P.M

Oral Hygiene and Free Dental Clinics—W. H. Doherty, D.D.S., Dental Inspector of Schools, Toronto.

School Nursing (illustrated by lantern slides)—Miss L. L. Rogers, R.N., Superintendent of School Nurses, Toronto.

A complete programme will be in the hands of the members at an early date.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President—Miss Coleman, 171 James St. South.

Vice-President—Miss Dressel, 58 Charlton Ave. East.

Recording Secretary—Miss M. E. Dunlop, 175 Charlton Ave. East.

Corresponding Secretary—Miss E. F. Bell, 274 Charlton Ave. West.

Treasurer—Mrs. Reynolds, 143 James St. South.

"The Canadian Nurse" Representative—Miss E. F. Bell, 274 Charlton Ave. West.

Executive Committee—Miss Ainslee, 57 Bay St. South; Miss Laidlaw, 143 James St. South; Miss L. Overholt, 15 Tisdale St. South; Miss A. Carscallen, 143 James St. South; Miss B. M. Simpson, City Hospital.

Regular meeting, first Tuesday, 8 p.m., at the Nurses' Residence, City Hospital.

Miss Eldred Neelands, Class '08, has been appointed Superintendent of the Methodist Missionary Hospital, Bela Bela, B.C.

Miss Isabel MacIntosh has resigned her position as Supervisor of Private Floor at New Rochelle General Hospital and has returned to Hamilton to do private nursing.

Miss Ida Hunter, Class '12, is going home to Scotland early in May. Her classmates held a reception in her honour at the club on Thursday, April 3rd.

Miss Grace Harris, Class '06, has gone to Regina, Sask., to do private nursing.

Miss Laura Hanham will leave soon for Lethbridge, Alta.

BURNETT—On March 20th, 1913, at Brant Park, Burlington, Ont., to Dr. and Mrs. A. C. Burnett, a daughter. Mrs. Burnett (née Ella Robertson) is a Graduate of H. C. H., Class '05.

HERMAN—On March 19th, 1913, at 47 Sherman Ave. South, Hamilton, to Mr. and Mrs. J. Herman, a daughter. Mrs. Herman (née Eva Faulknor) is a Graduate of H. C. H., Class '10.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The monthly meeting of the Canadian Nurses' Association was held in the Medico Chirurgical Society's Rooms on Tuesday evening, April the 1st, when Doctor Cushing gave us a most instructive lecture on "The Recent Advances in the Propylaxis of Contagious Diseases," notes of which are here given. A hearty vote of thanks was given to Dr. Cushing and after a social half hour the meeting adjourned.

Doctor Cushing, in his lecture on this subject, stated that during the past year one and a half million of people died from infectious diseases in the United States. This meant a loss to the country of five million dollars.

No very great advances had been made in the fight against infectious diseases owing to the fact that the work was carried on in the dark, but that more advance had been made in the last fifty years than in all time before.

There are four ways of fighting infection, viz., by isolation, disinfection, sanitation and inoculation. Leviticus, chapters 13 and 14, show us how to quarantine, isolate and disinfect.

In considering the causes of failure, let us consider first those of quarantine. At one time cases of yellow fever were quarantined with shot guns, and in spite of this the disease was carried. In Havana and Cuba this disease made constant ravages for 150 years, until in the latter place five men investigated for means to prevent it. They discovered that it was carried by mosquitoes, by capturing insects that had bitten the fever-stricken, and then allowing themselves to be bitten by them, when the disease developed. It was owing to this scourge that the

French failed to build the Panama Canal. Twenty-three thousand men died of it.

Second cause of failure—Mild cases of disease are not recognized and so spread and nullify our strictest isolation.

Third cause—Certain persons who have or have not suffered from attacks, may carry organisms in their bodies and are so called bacilli carriers. One such person was discovered some years ago and became known as "Typhoid Mary." Two cases occurred in a family and the cause could not be traced to the milk or water supply. Cultures were taken and the germs were found in the cook. She was ordered to be sent to hospital, and when she refused to go was arrested, and became notorious. She was removed to quarantine and in writing the history it was discovered that in six or seven families where she had lived typhoid had developed in every one.

People are so often prejudiced against infectious hospitals, but complete isolation is not possible excepting in homes of the wealthier classes.

Second weapon, sanitation. By stamping out impure water and milk supply; this we have it in our power to do. Much is being done in the latter by supplying to babies pure milk from the milk stations. It was owing to the impure water and food supply that the epidemics of cholera were so deadly in the early years of the last century in this country, when the first weapon, isolation, failed.

Third weapon, inoculation, by which the disease is developed, stopped and the person rendered immune, such as vaccination for smallpox, discovered by Jenner; in the last great epidemic in 1885, 3,000 people died. Doctor Friedmann inoculates with live tuberculous bacilli from turtles and then we have antitoxin for diphtheria. Typhoid vaccination too has been practised. Vaccination in all forms is a new science, but will one day be our strongest weapon.

The laws of housing and hygiene have done much in the war against tuberculosis; typhus and relapsing fever have been stamped out by elimination of intermediate hosts. The scourge of typhus in which Sister Reid, doctors and clergy died in Montreal in 1827, was spread by body pediculi. The conditions under which the immigrants came out to this country were so bad that the ships were hot-beds of disease.

Bubonic plague spread in other years by the bite of fleas. Rats and mice took the disease, died in houses and streets. Fleas were always present on these bodies, and carried it from them to man.

Sleeping sickness, which, in parts of Africa, attacks everybody and whole towns perish, is carried by a fly.

Infantile paralysis is carried by the stable fly; the common house fly spreads typhoid and tuberculosis; malaria is carried by mosquitoes. By the elimination of these hosts countries now uninhabitable will be made habitable and the Tropics will one day be the healthiest place in the

world, measures being taken to disinfect with sulphur all stagnant pools, etc.

In this great warfare we are winning, and in future years infectious diseases will be eradicated in all civilized countries. Doctors and nurses will be without occupation.

Pasteur said: "We have it in our power and why are we not successful?" One reason is that the Government will treat animals and not man. Another is apathy and indifference; failure of the poorer classes to recognize the need. Once they get the knowledge their desire will be to spread the knowledge.

SAND-BAGS:—*The Trained Nurse* gives these hints on the uses to which sand-bags may be put:—

Don't be limited to one bag, nor to six, nor to any single size or shape, but be as prodigal in their supply as time permits. Make them of square, oblong and circular shapes, of large, small and medium size.

A tiny one, tucked into the hollow of the tired patient's neck, is a great comfort when he lies on his side. A larger one, at the "small" of the back, is almost indispensable for perfect rest. One that "just fits," on which the tired knee may rest, relieves the strain on knee and nerves—for when the body is at all weary the nerves revolt in a general way.

Small sand-bags, daintily covered with silk, satin or velvet, may be used as paper weights on the patient's bed when she reads or writes.

Put the bags wherever needed, whether merely for rest or, warmed thoroughly, to relieve cold feet. They may be used on a chair that is not padded when the invalid wishes to sit up. Heated thoroughly in the kitchen oven or on the radiator, they are better than a hot-water bottle to relieve pain, and they make a cold bed so comfortable that the patient will either sing the doxology—or go to sleep!

The sand should be fine and sifted, to be sure that there is no annoying substance mixed in it; wash it, to insure absolute cleanliness, and bake it on tins in a hot oven to sterilize it.

The sand-bags should be of fine but thin cotton and covered with flannel to insure warmth. Each one should have a pair of linen slips, or soft cotton ones, which can be removed to send to the laundry or when the bag is to be heated. When heated slowly but thoroughly heat remains for hours, blessing her who gives and her who receives of its comfort.

PRESIDENT'S REPORT, HALIFAX, 1912.

The close of the year marks another mile stone in the history of the Victorian Order of Nurses—a place where we pause amid the hurry of the work, look over the past, note what has been done, and consider what should be done in the future. Ten years have come and gone, under the present management—years of steady progress. At the end of 1902 we closed our first year with 2,437 visits made by two nurses at the call of about 30 doctors; at the end of 1912, our tenth year, we report 5,960 visits paid by four nurses at the call of fifty different doctors. During those ten years the Order in this city has fulfilled the purpose for which it was organized and has brought trained nursing, once the possession of the rich and prosperous, within the reach of all. The very poor, whose quarters are limited to one room, with almost no furniture, and little or no clothing, have been our first care, and have received without money and without price nursing the equal of that which would have been given had they lived in the best home in the city. We have not asked a patient's colour, creed or nationality. If she were dirty, the nurse has made her clean; if hungry, she has been fed; if naked, clothed, and in all cases, when sick, has been visited. To be sick and needy has been the only qualification necessary to be a Victorian Order patient. Of the total number nursed, ten and a half per cent. have been free cases. But it is among the labourers and artisans, the self-respecting working classes, that the work is increasing and being more and more appreciated. These formerly had no trained nursing. A member of the family, or a kind neighbour, did the best she could for the sick one. Now, a Victorian Order nurse, with a skill born of knowledge and experience, does for the patient what no kind friend, however willing, could do. In operations and surgical cases the nurses are invaluable; in maternity cases they are in great demand, the number of such during the year being 429, or an average of over eight per week. During 1912 the

number of births in the city was 1,305. Our nurses have attended 32.8 per cent., or nearly one-third of these. The indication is that the time is not far distant when one-half of the maternity work in the city will be in the hands of the Victorian Order. This carries with it some responsibility. A nurse's duties in these cases ends usually at the end of two weeks. The mother is then up and well on the road to recovery. It would be a good thing if these cases could be followed up and all the infants and mothers visited periodically during the first year.

In looking over the records of the city we find that 201 infants born in 1912 did not live to be one year old. In other words, we lost over 15 per cent., or nearly one in six. Some effort should surely be made to reduce this large percentage. As the Victorian Order Nurses are skilled workers and are acquainted with the mothers and enjoy their confidence, it would seem that they are the agency through which something could be done. No doubt a large percentage die through improper feeding. The mothers are young and inexperienced; they need help and instruction. Then, clean, good milk should be available, and ice in the hottest weather. Owing to the efforts of the Board of Health in insisting on milk inspection, the quality of the milk is without doubt improved. We can at least find out what we are getting. In many of our cities Milk Stations have been opened in charge of Victorian Order Nurses. Here clean, sweet milk is kept for sale; also ice can be obtained. A Victorian Order Nurse is in attendance in the morning; also doctors give their services in turn to prescribe for the very ill babies. In the afternoon the nurse visits the homes, showing mothers how to prepare the food, how to keep the bottles clean, and giving other instruction as to the care of infants. If the baby is not thriving, it is visited often and care is taken to discover the cause, and the remedy. These Milk Stations wherever tried have been great factors in reducing infant mortality. It would be a good plan to have one in Halifax, at least during the months of June, July, August and September. Lack of the necessary funds is the only thing which will stand between the Victorian Order and its undertaking this work during the coming summer.

This brings me to the finances, which have been in a very satisfactory condition during the past year. We have been able to meet our expenses. We have at present four nurses—Mrs. Tyler, Miss Young, Miss McDonald and Miss Grant. Our expenses were $3,311.18, an average of $827.80 per nurse. Each visit made costs the Order 56 cents. The city gives us $600 towards the expenses of one nurse. We have collected in fees $1,259.92 during the year, $240.61 of which has been from the Metropolitan Life Insurance Company for attending their policy-holders. A generous public has subscribed $1,339.38, which has been collected by a devoted band of collectors; the North British Society has given us $25, and the proceeds of the "Geisha," kindly given us

by those getting up the play, were $313.63. We have now on hand or enough in sight to carry on our work until next autumn, when we will have to collect again. If we open a Milk Station that will be extra.

Since the work has grown and increased, the committee have at various times discussed the advisability of having a Home for their nurses. So far it has never been possible to secure sufficient accommodation for all our nurses in one boarding house. While excellent board could be obtained, we have never been able to get a room for each nurse. A Home has been at various times considered, and flats and small cottages looked at, but nothing suitable found. A Victorian Order Nurse's work is often strenuous and sometimes amid disagreeable and dirty surroundings, and comfortable quarters mean much to her.

The Halifax Local Council of Women has lately come into possession of the house bequeathed to them by the late Mr. Geo. Wright. They are now preparing to occupy the same, and have offered to make a Home for our nurses in their building. Here they would be most comfortable, with a room for each nurse. The offer is a generous one on the part of the Council, and the committee has accepted it and will shortly move the nurses. In the meantime the Council is furnishing the house and I am sure would be glad of any donations for that purpose from persons interested.

Our thanks are due our friends who donated old linen, of which we never have enough, and especially to the Circles of the First Baptist Church, who have helped us with our sewing. The committee always keeps on hand a supply of infants' clothing, bed-linen, night dresses and dressing jackets, which they lend to needy patients.

Of the patients, 340 have registered Protestant, 279 Roman Catholics, and about 10 Jews.

The nurses have worked for fifty different doctors during the year. The following letter is a sample of how doctors regard the Order:—

Mrs. W. Dennis, Halifax, Jan. 28, 1913.

President Victorian Order of Nurses, Halifax:

Dear Mrs. Dennis,—Permit me to express my appreciation of the work of the Victorian Order of Nurses at Halifax during the past year. I know of no better charity than that which places efficient nursing within the reach of all classes.

It is utterly impossible for those outside the profession to know the untiring and painstaking efforts of the nurses who are giving their lives to this frequently difficult and disagreeable work.

It is hoped that the Order may receive more liberal support, and that the coming year may see further extension.

Again congratulating the committee which has made the V. O. N. possible in Halifax.

Sincerely yours, (Signed) FRANK W. WOODBURY.

In conclusion, we must express our appreciation of the work of Mrs. Tyler and her assistant nurses. It is not upon the subscribers, the collectors, the doctors, or even the committee—necessary as they all are—but upon the self-denying and conscientious devotion to duty of the nurses, that the success of the work has depended, and must ever depend. We have placed the good name of the Order in their hands and have no fear of the result, assuring them that amidst strenuous and sometimes disagreeable work they have the support and sympathy of the committee.

Respectfully submitted,

(Signed) AGNES DENNIS.

HOSPITALS AND NURSES.

Miss Louise Wright, Graduate of MacDonald Institute, Guelph, has been appointed Dietitian at the General and Marine Hospital, Owen Sound, Ont.

A new smallpox hospital is to be built at Brantford, Ont., by order of the Board of Health.

The ladies of Seaforth are making preparations for the opening of a hospital.

Miss Anna Asenath Hawley, one of our Western nurses, who has been out to civilization but once during the past eighteen months, will journey to the City of Prince Albert the last week of May to address a missionary meeting. Miss Hawley will plead the cause of the Indian—a subject in which she thoroughly believes.

Sister Mary Alice, Superintendent C. V. H., Plattsburg, N.Y., was a guest at the Mother House, Ottawa, during a business trip to the Capital.

Miss E. O'Connor, Superintendent Ottawa Isolation Hospital, finding her duties too arduous to permit of time to act as President of the Alumnae, O. G. H., resigned the position. Miss I. McIllroy, First Vice-President, was elected to fill the vacancy.

At the regular meeting of the Alumnae of the O. G. H. in February a resolution of condolence was passed to Rev. Sister Josephet, Superintendent O. G. H., and Hon. President of the Association, on the recent death of her mother at Rockland, Ont., as well as to Mrs. Charles O'Connor, honorary member of the Association, on the recent death of her father-in-law, Mr. D. O'Connor, at Ottawa.

After the regular business meeting of the Alumnae of the O. G. H. in March, Rev. Father Finnigan delivered a most delightful address to the members present, choosing as his subject "The Nursing Profession." His remarks were of such a nature as to make all of those who heard

him very proud of their calling. Commenting on the quality of patience required in nurses' work in some cases, the reverend lecturer said "Christlike" was the only term to apply. He concluded with kindly words of advice regarding the different forms of literature and amusements most profitable and practical. The President, Miss MacElroy, proposed a vote of thanks, which was readily adopted.

Miss M. Gravelle, Graduate of the Ottawa General Hospital, has accepted a position as nurse in charge of maternity ward in the St. Joseph's Hospital, Troy, N.Y.

Miss Y. Blais and Miss E. Walsh, both Graduates O. G. H., have accepted positions as Head Nurses in the "Miseracordia Hospital," Edmonton.

Many friends of Miss K. Gunn, Graduate of O. G. H., will be pleased to hear of her recovery from her recent serious illness.

Miss Grace Hastie, Graduate of Vancouver General Hospital, is Superintendent of Diamond Jubilee Hospital, Fort Steele, B.C. Her duties began February 1st, 1913.

Miss Frances Bond, Graduate of Vancouver General Hospital, is doing private work in Nelson, B.C.

The annual dinner given by the Alumnae Association of the Royal Victoria Hospital, Montreal, to the Graduating Class, took place on the evening of March 19th at 8 o'clock in the dining room of the Nurses' Home. There were eighty present, representatives from all former graduating classes of the school. The large dining room was beautifully decorated with spring flowers, pink tulips and narcissus; the large centre table having in the middle a silver basket of Easter lilies, tulips and narcissus; from the chandelier streamers of pink ribbon extended to the corners of the table; the rest of the room was filled with small tables seating six each. The dinner itself was excellent, and everyone, old and new graduates, seemed in the gayest of spirits. Miss McIntosh was toastmistress. "The King," proposed by Miss Goodhue; "The Governors," by Miss Munroe; "The Graduating Class," by Miss Wylie; "The Doctors," by Miss Winnifred Graham, were heartily responded to; "Our Absent Friends" were remembered in a bright speech by Miss Winnifred Almond. Miss Penny, senior member of the graduating class, responded to the toast of the class in a very clever little speech. Miss Rowed, class of 1912, gave a short address dealing with some of the personal experiences and ambitions, real or imaginary, of the graduating class, which caused much merriment. Mrs. Stanley said a few words of appreciation and thanks to those upon whom the work of providing the pleasant evening had fallen, referring to the general regret felt at the departure of Miss Archibald, the very popular head of the diet kitchen. A toast and three cheers for Miss Hersey, the Lady Superintendent, brought what

was voted to be the pleasantest dinner of the many already given to a close. An adjournment was made to the sitting room of the Home, where an hour was spent in dancing. The new Victrola which was lately presented to the Nurses' Home contributed very much to the pleasure of the evening.

Miss Squire, Graduate of the Royal Victoria Hospital, who has nursed the Duchess of Connaught during her two illnesses, sailed with her on March 21st. She expects to spend some months in England with friends before returning home.

Miss Archibald, who has been in charge of the diet kitchen in the Royal Victoria Hospital for several years, leaves very soon to spend some time in travel and at home. Much regret is felt at her departure, her bright and cheerful manner of meeting all requests connected with her department have made her most popular with all who came in contact with her, and she will be much missed by her many friends in the R. V. H.

"A drug clerk in Richmond, Va., has been arrested on the charge of murder. It appears that the family physician gave an order over the telephone for a 'mild chloride of mercury,' meaning calomel, and the drug clerk mistook the order for 'bichloride of mercury,' and filled the prescription accordingly, with fatal result. The moral of this case and the allotment of responsibility for it would seem to involve more than the drug clerk. The conjunction of the telephone and the human ear make a dangerous medium through which to fill prescriptions. Our modern short-cut is by no means a safe one in administering medicine."

Miss Bufton's apartment in the Rene Le Marchand Mansions, Edmonton, was the scene of a very dainty "At Home" on March 25th, when she entertained the Graduate Nurses and a number of their friends to tea. Miss Martin received with Miss Bufton, while Mrs. Campbell gracefully presided at the tea table. The former President of the Graduate Nurses' Association, Mrs. Armstrong, was warmly welcomed. The guests had a thoroughly good time, one and all wishing Miss Bufton every success.

Miss Bufton has established a Register for the Graduate Nurses of Edmonton, which no doubt will prove of great benefit to doctors and nurses. We wish Miss Bufton every success in her enterprise.

The Victorian Order work in Edmonton is progressing favorably. There are now three nurses working in the district—two in Edmonton and one in South Edmonton.

Miss Wyatt, at one time charge nurse in the Hamilton Sanitarium, is now in Edmonton doing private work.

Miss Pepper, who was in Edmonton doing district work, went home to Lanark, Ont., for a much needed rest.

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Montreal

Mrs. Geo. Clode, who was one of the staff nurses in the Woman's Hospital, New York, is now in Birmingham, Ala., doing private work.

Kootenay, B.C., is planning to build a large addition to its General Hospital this summer.

The first graduating exercises, when the 1913 class from the Training School of the Royal Columbian Hospital, New Westminster, B.C., received diplomas, were most interesting and largely attended. Mr. J. J. Johnston, Chairman of the Hospital Board, presided. Mayor Gray presented the diplomas; Mrs. Corbould pinned on the medals, and Alderman Lynch gallantly presented bouquets to the graduates—Misses Ethel Alcock, L. McCallum, C. M. Grant, L. McAllister, Olive Thompson, and L. Percy. Miss Scott, Superintendent of the hospital, in her address gave much sound advice, recommending the new members of the nursing profession to so combine common sense, enthusiasm and idealism as to make them triumph over all difficulties. She showed that 32 nurses had graduated from the hospital since 1903.

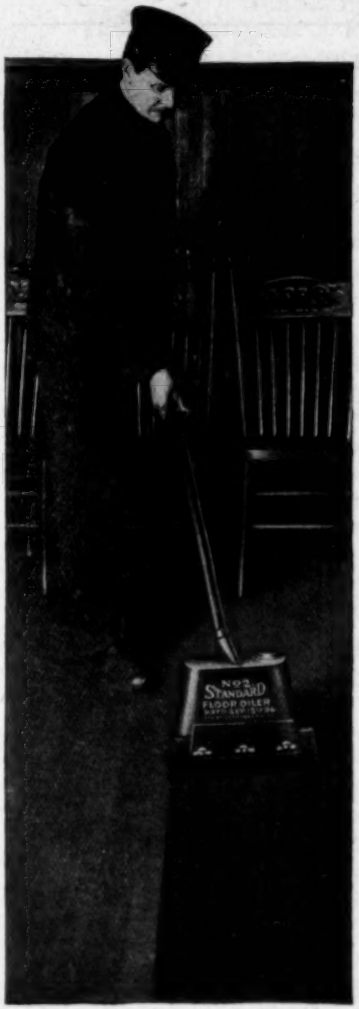
The regular monthly meeting of the Toronto Central Registry was held at the Registry Office, 295 Sherbourne St., Monday, April 7th, at 3 p.m., Miss C. A. Mitchell, Convener in the chair. Eight members were present. Six applications were considered and accepted. Eleven nurses joined the Registry in March. Total calls for March were 352; fees received in March, $145; received from sale of charts, $6.29; disbursements, $156.20; total balance in bank, $1,681.67.

We regret to report the illness of Miss Amy Dickson, Graduate of the Toronto General Hospital, who underwent a serious operation a short time ago.

Miss Connor, Assistant Registrar, has been absent through illness for the past two months, and does not yet feel able to resume her duties in the office. The Registry Committee very kindly decided to pay Miss Connor her salary in full during her absence.

Several changes in the personnel of the staff of the Calgary General Hospital have taken place recently. The resignation of Dr. W. A. Lincoln, Medical Superintendent for the past three years, was received with much regret. He is succeeded by Dr. A. H. Taylor of Toronto, who assumed his duties April 1st. Miss McPhedran's resignation as Assistant Lady Superintendent was also received. Miss Edy (Harper, '06), who has had charge of the women's wards, was appointed to this vacancy.

At the coming convention of the Graduate Nurses' Association of Alberta, the question of registration will fill a large place in the discussion, a full account of which will be sent later. The "floating population" among nurses and the many varieties of training (?) they have received, makes this a very important but exceedingly difficult question



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to handle, but we hope by the end of the year to have formulated a registration bill which will prove acceptable and "workable" under the unusual conditions prevailing in the West.

A new wing is being added to the Kincardine General Hospital, which we expect to occupy next fall. When completed there will be five new private wards on the ground floor and rooms for the nurses on the second floor. A verandah twelve feet wide will be on the south and west sides, from which a lovely view of the lake can be seen and on which patients can be wheeled for air and sun. This hospital has recently been affiliated with the Western, Toronto.

At the monthly meeting of the Heather Chapter, I.O.D.E., Miss Holman, Head Worker of the Social Service Association of General Hospital, gave a very interesting talk on social service work, emphasizing the necessity of keeping in touch with all other charity organizations. Mrs. Clutterbuck, Regent of the Chapter, was elected delegate to the annual I.O.D.E. meeting to be held in Winnipeg in May. The Dickens Fellowship gave three evenings on "Our Mutual Friend" and "The Cricket on the Hearth," April 3rd, 4th and 5th, at the Conservatory of Music, in aid of the Heather Chapter in its care for tuberculous children.

Miss Marie E. Stevenson, a former Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green St., Philadelphia, has resigned her position with the Barber Hospital and Sanatorium connected with above Institute.

Mr. Joseph L. Hayes, a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1711 Green St., Philadelphia, has been retained in that institution.

Mr. John Charles Wilks, of Vancouver, B.C., recently graduated in Massage, Electricity and Mechano-Therapy, of the Pennsylvania Orthopaedic Institute, Inc., 1711 Green St., Philadelphia, has accepted a position with the Vancouver General Hospital as head of their Mechanical Department.

Mr. Alfred Gulbech, a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been placed in charge of the Hydro-Therapy department of the Kankakee State Hospital, Kankakee, Ill.

Miss K. M. Holmes, a Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, has been requested to teach the nurses in training at the Galt Hospital, Lethbridge, Alta. She enters upon her duties at once.

Miss Susan G. Burkholder, Graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., has accepted a position with the Nesbitt-Evans-Nesbitt Sanatorium, Sycamore, Ill.

Collingwood.—Thanks to the generosity of Mr. Thos. Long, who is

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These departments offer unusual opportunities. Special class work in Bacteriology, also lectures in Obstetrics and Pediatrics will be given, and other classes will be arranged according to demand. Residential privileges and a monthly allowance. Length of course dependent on work desired.

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presenting it as a memorial to his late wife, the long-wished-for Nurses' Residence is in sight. The building will be completed during the summer and, when finished, will provide accommodation for fifteen pupils, as well as the regular staff. There will be a library, sitting room, and recreation rooms, with a good gymnasium in the basement, which we hope will add much to the pleasure and health of the nurses. Mr. Long's kindness is much appreciated by the Board of the hospital. Preparations are being made for the building of a new wing at the G. and M. Hospital. The old women's public ward is quite inadequate for the needs of the patients, and is to be done away with and a modern pavilion put up in its stead. The Hospital Trustees hope to have it ready for occupation before next winter. Miss Sara Dawson, Graduate Montreal General Hospital, is convalescing at the G. and M. Hospital, after a critical operation.

An X-Ray machine—the gift of Dr. Donald McKay of the Medical Staff—and an electric coil machine—the gift of Dr. Drummond of Meaford—have been installed in the G. and M. Hospital, Collingwood.

THE HEATHER CLUB.

The Annual Meeting of the Heather Club, now the Heather Chapter of the Independent Order of the Daughters of the Empire, was held on the evening of Tuesday, February 18th, 1913, at the Residence, Hospital for Sick Children, Toronto. The President, Mrs. Clutterbuck, occupied the chair until after the election of officers, which resulted as follows:—Regent, Mrs. H. E. Clutterbuck; First Vice-Regent, Miss L. L. Rogers; Second Vice-Regent, Miss Ewing; Recording Secretary, Miss Hill; Corresponding Secretary, Miss Maude Barnardo, 608 Church street; Treasurer, Mrs. Canniff, Northern Apartments, Yonge street; Directors—Miss Brent, Mrs. Blackburn, Miss E. J. Jamieson, Miss Fellowes, Mrs. Fullerton, Mrs. Porter, Mrs. Elliott. Miss Charters was appointed Standard Bearer, and Miss Mabel Bernard, Echo Secretary.

Mrs. Clutterbuck then asked Dr. J. H. Elliott to take the chair. Dr. Elliott, in his opening remarks, outlined the growth of the Heather Club and expressed the gratitude of the members for the encouragement given by the I. O. D. E., especially the Regent, Mrs. A. E. Gooderham, whose generosity had provided the Preventorium, so making possible the care of the children during the whole year. The children cared for at the Heather Club Pavilion during the summer made most satisfactory progress, but the Club felt that the gain during the summer was lost in many cases when the children had to return to their homes for the winter. This is now no longer necessary, and the hearts of the Heather Club are glad.

After the reports of the President, Secretary, Treasurer and Visit-

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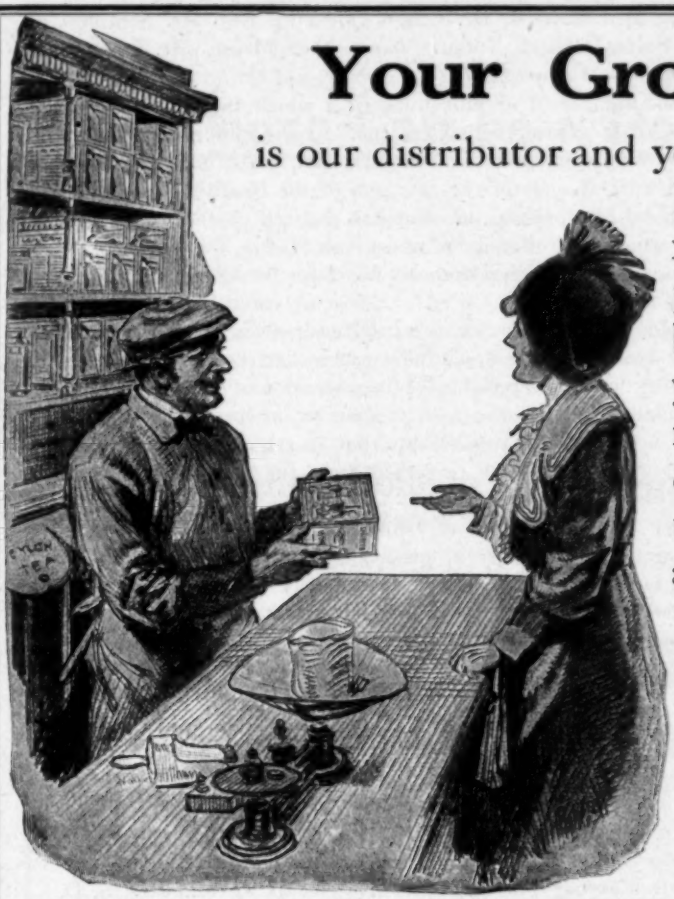

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ing Nurse had been received, Dr. Elliott called up Rev. Mr. Southam, Rector of All Saints' Church, Toronto, to give the address. Mr. Southam took for his topic—"Co-operation"—and expressed the pleasure it gave him to note the number of organizations with which the Heather Club co-operated, so that greater benefit accrued to the children under its care. Mr. Southam suggested that some interest might be aroused and result in good work if some of the members of the Heather Club would visit the Mothers' Meetings in the churches and tell of the work. The speaker very graciously offered his assistance, if the Nurses approved his suggestion, in opening the Mothers' Meetings in All Saints' to the Nurses.

Dr. Harold Parsons followed in a brief address on the work of the Club, and the encouragement to all the workers that the future development of the work was made possible by the possession of a Preventorium. Dr. Parsons made very clear the need of such an institution by showing that children infected with tuberculosis, but in whom the disease was latent, had great need of being protected from the so-called children's diseases if they were to be saved.

Dr. Porter proposed a vote of thanks to Colonel and Mrs. A. E. Gooderham for their generosity in presenting the Preventorium to the Heather Chapter. This was carried unanimously by a standing vote. Colonel Gooderham spoke briefly of the pleasure it gave Mrs. Gooderham and himself to thus help this worthy work, after which this very interesting meeting was brought to a close.

BIRTHS.

BRUNET—In August, at Ottawa, to Dr. and Mrs. Brunet, a son. Mrs. Brunet is a graduate of Ottawa General Hospital.

HULL—In August, at Ottawa, to Mr. and Mrs. Wm. Hull, a daughter. Mrs. Hull is a graduate of Ottawa General Hospital.

HOGAN—In February, at Fitzhugh, Alberta, to Mr. and Mrs. S. D. Hogan, a son. Mrs. Hogan is a Graduate of O. G. H., Class '07.

MARRIAGE

FISHER-HENDERSON—At Vancouver, in December, 1912, Miss Sadie Henderson, Graduate of Lady Stanley Institute, Ottawa, to Dr. Alexander Fisher, of Calgary.

DEATH.

ROGERS—In Montreal, suddenly on March 7th, 1913, at the residence of McAdam Watson, 198 George E. Cartier Square, Kathleen Roslyn Rogers, infant daughter of Edgar and May Watson Rogers.

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Regular meeting, first Tuesday.

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Superintendent of Hospital and Nurses—Martha Y. E. Morton.
Number of beds—Fifty.
Graduate Nurses on Staff—None.
Pupil Nurses—Fifteen.
Term of Training—Three years.
Branches of Training—Medicine, Surgery, Obstetrics.

HOSPITAL—St. Joseph's, Guelph.
Established—1861.
Incorporated by Act of Parliament—1862.
Superintendent of Hospital—Sister Martina.
Superintendent of Nurses—Sister Bernardine.
Number of beds—Seventy.
Graduate Nurses on Staff—Five.
Pupil Nurses—Eighteen.
Term of Training—Three years.
Branches of Training—Medicine, Surgery, Obstetrics, Contagious Diseases.

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HOSPITAL—The General, Winnipeg.
Established and registered—1882.
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